

# IDAHO DEPARTMENT OF INSURANCE

700 West State Street      Telephone: 208-334-4250  
Boise, ID 83720-0043      Fax: 208-334-4398

## CONSUMER COMPLAINT REPORT

The following information is needed to act on your report. Please complete this form where applicable and return it to us at the address shown above. Attach copies of important papers or letters if they relate to your request.

Please print or type.

1. Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:      Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

2. Name of insurance company involved: \_\_\_\_\_

3. (a) Name of policyholder if different from your name: \_\_\_\_\_

(b) If a group policy, provide the group name: \_\_\_\_\_

4. Policy identification or certificate number: \_\_\_\_\_

5. Claim number (if applicable): \_\_\_\_\_

6. Date loss occurred or began (if applicable): \_\_\_\_\_

7. Agent/broker (if applicable): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Have you previously written to the Department of Insurance about this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give:

(1) File number: \_\_\_\_\_ (2) Date written: \_\_\_\_\_  
(if available)

9. Have you reported this to other governmental agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state name of agency and give file number, if known: \_\_\_\_\_

\_\_\_\_\_

10. Do you have an attorney representing you? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is there a court action pending? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Reason for referral (use additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Additional parties involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What do you consider to be a fair resolution to your problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)